

HOUSE MESSAGE SUMMARY

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BILL: CS/SB 1062, 2nd Eng.
SPONSOR: Health, Aging, and Long-Term Care Committee and Senator Bennett
SUBJECT: Health Care Facilities
PREPARED BY: Senate Health, Aging, and Long-Term Care Committee
DATE: April 30, 2004

I. Amendments Contained in Message:

House Amendment 1—964733 (body with title)

II. Summary of Amendments Contained in Message:

House Amendment 1 strikes everything after the enacting clause. Like CS/SB 1062, 2nd Eng., the amendment:

- Creates a procedure for the issuance of an inactive license for a nursing home to permit a home to maintain its license under two circumstances: during a period when it is not serving residents but will resume doing so, or when the nursing home will use a contiguous portion of its facility for other services to meet the long-term care needs of elderly residents.
- Permits a registered nurse, other than the director of nursing, to sign a resident care plan in a nursing home.
- Requires AHCA's publication of data regarding nursing homes to reflect the most current agency actions.
- Requires AHCA to adopt by rule a nursing home bed need methodology that has a goal of maintaining a district average occupancy rate of 94 percent.
- Revises CON requirements for nursing homes to provide expedited review of a proposed replacement nursing home or a project to relocate a portion of the beds of a nursing home.
- Creates exemptions from CON review for replacing a nursing home on the same site, or within three miles of the site, and for combining or consolidating nursing homes or transferring licensed nursing home beds within the same planning subdistrict.
- Provides exceptions to the moratorium on CON approval for nursing homes for a proposed nursing home in a county in which there are no community nursing home beds and all nursing home beds that were licensed on July 1, 2001, have subsequently closed and for the addition of beds in a nursing home in a county of fewer than 50,000 residents.
- Revises licensure requirements for health care clinics to exempt: End-stage renal disease providers; Therapy providers (speech, occupational, and physical) which are Medicare-certified; Birth centers; Clinical laboratories; Charitable clinics(501 (c)(3) or (4); Entities owned or operated by the federal or state government; Hospitals and entities they own; A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered under s. 627.419, F.S. (includes dentists, optometrists, podiatrists; chiropractors, physicians); Entities that provide only oncology or radiation therapy services by physicians; and Entities that provide neonatal or pediatric hospital-based healthcare services.

- The amendment defines clinics to include mobile clinics. The amendment changes the date for filing a clinic license application with AHCA to July 1, 2004 from March 1, 2004.
- AHCA may charge an applicant for a clinic exemption \$100 or the actual cost, whichever is less.
- AHCA may issue a notice of intent to deny a clinic license application after a temporary license has been issued.
- Any person or entity defined as a clinic is not in violation of the Health Care Clinic Act due to failure to apply for a clinic license by March 1, 2004, and payment to such person or entity by an insurer or other entity liable for payment may not be denied on the ground that the person or entity failed to apply for or obtain a clinic license before March 1, 2004.

The amendment differs from CS/SB 1062, 2nd Eng., in the following ways:

Nursing Home Flexibility—Differences

For the Gold Seal program, nursing homes operated by the state or federal government (VA homes) will be deemed to be financially stable.

Health Care Clinic Licensure—Differences

- The Agency for Health Care Administration is not required to refund 90 percent of a licensure fee that was paid by an applicant that was exempted from licensure requirements by this bill. The amendment sets up a tiered structure for such refunds:
 - 75 percent of the fee if a temporary license has not been issued;
 - 50 percent of the application fee if the temporary license has been issued but the inspection has not been completed; and
 - no refund if the inspection has been completed.
- A chief financial officer of a health care clinic is defined as an individual with a bachelor's degree in finance, accounting, or a related field.
- In an MRI clinic that bills less than 15 percent of its scans to personal injury protection insurance, the chief financial officer can ensure that the billings are not fraudulent.
- Clinics are not required to post notices of rewards for information leading to arrest and conviction for fraud.

Certified Geriatric Specialists—Differences

The amendment does not create a pilot program for certified geriatric specialists.

Certificates of Need--Differences

The amendment does not prohibit licensing of off-site emergency facilities and does not require a study by AHCA regarding off-premises emergency facilities.

Assisted Living Facilities--Differences

The amendment requires assisted living facilities to conduct resident elopement-prevention drills at least two times per year.